

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Glidewell for 6th

ADDRESS (number and street)
▼

PO Box 1234

Check if different
than previously
reported. (ACC)

Elon

NC

27244

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00589473

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NC

06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Katherine Swink Landes

Signature of Treasurer

Mrs. Katherine Swink Landes

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Glidewell for 6th

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 6 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 6 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 12755.00 | 26768.99 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 12755.00 | 26768.99 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 9367.76 | 15725.40 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 1740.00 | 1740.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 7627.76 | 13985.40 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 12783.59 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 24

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Glidewell for 6th

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 6 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 6 |

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

8550.00

20700.00

(ii) Unitemized.....

4085.00

5143.99

(iii) TOTAL of contributions from individuals ▶

12635.00

25843.99

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

100.00

850.00

(d) The Candidate.....

20.00

75.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

12755.00

26768.99

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

1740.00

1740.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

14495.00

28508.99

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 24

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 9367.76 | 15725.40 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 9367.76 | 15725.40 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 7656.35 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 14495.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 22151.35 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 9367.76 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 12783.59 |

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 24

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
Glidewell for 6thFull Name (Last, First, Middle Initial)
Jeffrey Andrews

Mailing Address 818 Warwick Court

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Burlington | NC | 27215 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 19 | | 2016 |

Transaction ID : SA11AI.4219

Amount of Each Receipt this Period

250.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
Jacob Balsley III

Mailing Address 312 S Main Street

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Reidsville | NC | 27320 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reidsville GroceryOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 18 | | 2016 |

Transaction ID : SA11AI.4296

Amount of Each Receipt this Period

250.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
Wade Balsley

Mailing Address 1085 Iron Works Road

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Reidsville | NC | 27320 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Procter and GambleOccupation
retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 18 | | 2016 |

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 24

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Glidewell for 6th

A. Full Name (Last, First, Middle Initial)
Don Chaplin

Mailing Address 2602 Edgewood Avenue

City Burlington State NC Zip Code 27215

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Physician

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 700.00

Date of Receipt

M M / D D / Y Y Y Y
 01 15 2016

Transaction ID : SA11AI.4225

Amount of Each Receipt this Period

200.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Don Chaplin

Mailing Address 2602 Edgewood Avenue

City Burlington State NC Zip Code 27215

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Physician

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 900.00

Date of Receipt

M M / D D / Y Y Y Y
 02 09 2016

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period

200.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Don Chaplin

Mailing Address 2602 Edgewood Avenue

City Burlington State NC Zip Code 27215

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Physician

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
 03 11 2016

Transaction ID : SA11AI.4349

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 24

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

Constance L Chen

Mailing Address 2511 Nottaway Court

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. William Chen

Occupation

Office Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 07 | | 2016 |

Transaction ID : SA11AI.4213

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Anthony E. Foriest

Mailing Address 2211 Quail Drive

City

Graham

State

NC

Zip Code

27253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Xerox Corp

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 07 | | 2016 |

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

John Haigh

Mailing Address 10342 S Colony South Drive

City

Nags Head

State

NC

Zip Code

27959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Haigh's Bait and Income Tax Pr

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 20 | | 2016 |

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 24

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Glidewell for 6th

A. Full Name (Last, First, Middle Initial)
James Hogan Jr.

Mailing Address 712 Tarleton Avenue

City State Zip Code
 Burlington NC 27215

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AM Wins

Occupation
 Insurance

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
 03 02 2016

Transaction ID : SA11AI.4328

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Anne Hummell

Mailing Address 1907 Rosecrest Driver

City State Zip Code
 Greensboro NC 27408

FEC ID number of contributing
federal political committee.

C

Name of Employer
 retired

Occupation
 attorney

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 02 11 2016

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Helen Kirchen

Mailing Address 204 Trinity Drive

City State Zip Code
 Elon NC 27244

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

Occupation
 Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
 01 29 2016

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 24

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

A. Leon Niegelsky Jr

Mailing Address 140 West Franklin Street
Unit 427

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Chapel Hill | NC | 27516 |

FEC ID number of contributing federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 18 | | 2016 |

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kenneth Norman

Mailing Address 636 Parkway Blvd

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Reidsville | NC | 27320 |

FEC ID number of contributing federal political committee.

C

Name of Employer
Independent BrokerOccupation
Sales

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 18 | | 2016 |

Transaction ID : SA11AI.4298

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Katherine Roberson

Mailing Address 2017 Shirley Drive

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Burlington | NC | 27215 |

FEC ID number of contributing federal political committee.

C

Name of Employer
RetiredOccupation
Educator

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 09 | | 2016 |

Transaction ID : SA11AI.4243

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 24

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
Glidewell for 6th

Full Name (Last, First, Middle Initial)

Steve E Smith

Mailing Address PO box 248

City

Reidsville

State

NC

Zip Code

27323

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 18 | | 2016 |

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Terry G Whitaker

Mailing Address 2500 Foley Drive

City

Columbus

State

GA

Zip Code

31906

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Teacher

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2525.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 26 | | 2016 |

Transaction ID : SA11AI.4323

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

David Williams

Mailing Address 1406 Victoria Court

City

Elon

State

NC

Zip Code

24244

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
Clergy

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 16 | | 2016 |

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 24

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

Elizabeth B Wooten

Mailing Address 1880 Brookwood Ave.

Apt. 205

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 19 | | 2016 |

Transaction ID : SA11Al.4221

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

8550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 24

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glidewell for 6th

| | | | |
|---|----------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) Committee to Elect Nelson Cole | | Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2016 | |
| Mailing Address 2012 Carpenter Drive | | Transaction ID : SA11C.4383 | |
| City Reidsville | State NC | Zip Code 27320 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item | |
| Name of Employer | Occupation | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 100.00 | | |
| B. Full Name (Last, First, Middle Initial) | | Date of Receipt M M / D D / Y Y Y Y | |
| Mailing Address | | M M / D D / Y Y Y Y | |
| City | State | Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item | |
| Name of Employer | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | | |
| C. Full Name (Last, First, Middle Initial) | | Date of Receipt M M / D D / Y Y Y Y | |
| Mailing Address | | M M / D D / Y Y Y Y | |
| City | State | Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item | |
| Name of Employer | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | | |
| SUBTOTAL of Receipts This Page (optional)..... | | 100.00 | |
| TOTAL This Period (last page this line number only)..... | | 100.00 | |

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 24

| | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input checked="" type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|-------------------------------------|---|-----------------------------|

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

Mr. Powell Watkins Glidewell III

Mailing Address 5002 Gleneagles Court

City

Elon

State

NC

Zip Code

27244

FEC ID number of contributing
federal political committee.**C** H6NC06099

Name of Employer

Self employed

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

75.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 09 | | 2016 |

Transaction ID : SA11D.4381

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

20.00

20.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 24

☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glidewell for 6th

Full Name (Last, First, Middle Initial)
North Carolina State Board of Elections

Mailing Address **441 N Harrington St**

City State Zip Code
Raleigh NC 27603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1740.00

Date of Receipt

03 / 23 / 2016

Transaction ID : SA14.4354

Amount of Each Receipt this Period

1740.00

☐ Memo Item
refund of filing fee - redistricting

Full Name (Last, First, Middle Initial)

Date of Receipt

/ /

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1740.00

Amount of Each Receipt this Period

1740.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Date of Receipt

/ /

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1740.00

Amount of Each Receipt this Period

1740.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1740.00

1740.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 24

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

A. New Media Campaigns

Mailing Address 110 E Main Street #200

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Carrboro | NC | 27510 |

Purpose of Disbursement
Website services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 19 | | 2016 |

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

☐ Memo Item

Transaction ID : SB17.4386

B. North Carolina State Board of Elections

Mailing Address 441 N Harrington St

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Raleigh | NC | 27603 |

Purpose of Disbursement
Filing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 23 | | 2016 |

Amount of Each Disbursement this Period

| |
|---------|
| 1740.00 |
|---------|

☐ Memo Item

Transaction ID : SB17.4445

c. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Chaplin

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 25 | | 2016 |

Amount of Each Disbursement this Period

| |
|-------|
| 16.10 |
|-------|

☐ Memo Item

Transaction ID : SB17.4393

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3256.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 24

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Harrington

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 25 | | 2016 |

Amount of Each Disbursement this Period

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 2 | 1 | 0 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | . | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |
| | | | | | | | | | | | | | | | 8 | 2 | 0 | | | | | | | |

☐ Memo Item

Transaction ID : SB17.4394

B. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Williams

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 25 | | 2016 |

Amount of Each Disbursement this Period

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 2 | 1 | 0 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | . | 0 | 5 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | 2 | 0 | 0 | 5 | | | | | | |

☐ Memo Item

Transaction ID : SB17.4395

C. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Anderson

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 25 | | 2016 |

Amount of Each Disbursement this Period

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 2 | 1 | 0 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | . | 2 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | 2 | 8 | | | | | | | | |

☐ Memo Item

Transaction ID : SB17.4396

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 2 | 1 | 0 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | . | 3 | 0 | 5 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | 3 | 0 | 5 | 3 | | | | | | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 24

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Patton

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 27 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 4.25 |
|------|

☐ Memo Item

Transaction ID : SB17.4397

B. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Morehead

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 27 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 4.25 |
|------|

☐ Memo Item

Transaction ID : SB17.4398

C. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Kirchen

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 29 | | 2016 |

Amount of Each Disbursement this Period

| |
|-------|
| 20.05 |
|-------|

☐ Memo Item

Transaction ID : SB17.4399

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|-------|
| 28.55 |
|-------|

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 24

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Butler

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 12 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 2.67 |
|------|

☐ Memo Item

Transaction ID : SB17.4401

B. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Glidewell

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 16 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 2.18 |
|------|

☐ Memo Item

Transaction ID : SB17.4402

C. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Chaplin

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 16 | | 2016 |

Amount of Each Disbursement this Period

| |
|-------|
| 16.10 |
|-------|

☐ Memo Item

Transaction ID : SB17.4403

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20.95

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 24

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - McKinney

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 16 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 8.20 |
|------|

☐ Memo Item

Transaction ID : SB17.4404

B. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Beard

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 18 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 4.25 |
|------|

☐ Memo Item

Transaction ID : SB17.4405

C. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Stroupe

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 19 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 8.20 |
|------|

☐ Memo Item

Transaction ID : SB17.4406

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|-------|
| 20.65 |
|-------|

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 24

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Savage

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

Amount of Each Disbursement this Period

| |
|-------|
| 16.10 |
|-------|

☐ Memo Item

Transaction ID : SB17.4407

B. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Morgan

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 24 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 4.25 |
|------|

☐ Memo Item

Transaction ID : SB17.4408

C. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Robertson

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 02 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 4.25 |
|------|

☐ Memo Item

Transaction ID : SB17.4409

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

24.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 24

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee

Candidate Name

| | |
|----------------|-----------|
| Office Sought: | House |
| | Senate |
| | President |

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 09 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 8.20 |
|------|

☐ Memo Item

Transaction ID : SB17.4410

B. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Chaplin

Candidate Name

| | |
|----------------|-----------|
| Office Sought: | House |
| | Senate |
| | President |

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 17 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 8.20 |
|------|

☐ Memo Item

Transaction ID : SB17.4411

C. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Anderson

Candidate Name

| | |
|----------------|-----------|
| Office Sought: | House |
| | Senate |
| | President |

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 17 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 2.28 |
|------|

☐ Memo Item

Transaction ID : SB17.4412

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

18.68

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 24

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing fee - O'Brien

Candidate Name

| | |
|----------------|-----------|
| Office Sought: | House |
| | Senate |
| | President |

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 29 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 2.28 |
|------|

☐ Memo Item

Transaction ID : SB17.4415

B. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Haigh

Candidate Name

| | |
|----------------|-----------|
| Office Sought: | House |
| | Senate |
| | President |

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 30 | | 2016 |

Amount of Each Disbursement this Period

| |
|-------|
| 20.05 |
|-------|

☐ Memo Item

Transaction ID : SB17.4414

C. Piryx, Inc.

Mailing Address 144 2nd Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Purpose of Disbursement
Processing Fee - Rudd

Candidate Name

| | |
|----------------|-----------|
| Office Sought: | House |
| | Senate |
| | President |

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Amount of Each Disbursement this Period

| |
|------|
| 2.28 |
|------|

☐ Memo Item

Transaction ID : SB17.4416

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

24.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 24

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

A. Jeffrey Seay

Mailing Address 4206 Bitternut Trail

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Greensboro | NC | 27410 |

Purpose of Disbursement
design for signage and fundraiser invitation

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 09 | | 2016 |

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

☐ Memo Item

Transaction ID : SB17.4426

B. The UPS Store #3726

Mailing Address 2966 South Church Street

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Burlington | NC | 27215 |

Purpose of Disbursement
Printing

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 11 | | 2016 |

Amount of Each Disbursement this Period

| |
|--------|
| 213.50 |
|--------|

☐ Memo Item

Transaction ID : SB17.4385

C. Van's Advertising

Mailing Address 3290 Van Drive

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Burlington | NC | 27215 |

Purpose of Disbursement
Yard Signs

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 04 | | 2016 |

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

☐ Memo Item

Transaction ID : SB17.4420

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2463.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 24

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Glidewell for 6th

Full Name (Last, First, Middle Initial)

A. Van's Advertising

Mailing Address 3290 Van Drive

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Burlington | NC | 27215 |

Amount of Each Disbursement this Period

Purpose of Disbursement
Yard Signs and Car magnets

| |
|---------|
| 2796.28 |
|---------|

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.4434

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Amount of Each Disbursement this Period

Purpose of Disbursement

| |
|--|
| |
|--|

Candidate Name

Category/
Type☐ Memo Item

| | | |
|----------------|-----------|---|
| Office Sought: | House | Disbursement For: |
| | Senate | |
| | President | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Amount of Each Disbursement this Period

Purpose of Disbursement

| |
|--|
| |
|--|

Candidate Name

Category/
Type☐ Memo Item

| | | |
|----------------|-----------|---|
| Office Sought: | House | Disbursement For: |
| | Senate | |
| | President | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2796.28

8684.45